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DB=USPT; PLUR=YES; OP=ADJ

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L1 604/406.ccls.

190 L1

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EAST - [default wsp:1]

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Drafts
 Pending
 Active
 L1: (3) ("4114522").PN.
 L2: (10) ("4212001") or ("4177575")
 L3: (6) ("6029563") or ("6076457")
 L4: (6) ("6190913") or ("6213007")
 L5: (18) ("6213007") or ("6279463")
 L6: (207) (604/406).CCLS.
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604/406


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	U	1	Document ID	Issue Date	Pages	Title	Current OR	Current XRef
1	<input type="checkbox"/>	<input type="checkbox"/>	US 6773427 B2	20040810	6	Infusion container	604/415	206/5; 206/828;
2	<input type="checkbox"/>	<input type="checkbox"/>	US 6773426 B2	20040810	32	Soft shell venous reservoir with improved air handling	604/406	128/DIG.3; 422/44;
3	<input type="checkbox"/>	<input type="checkbox"/>	US 6719745 B1	20040413	20	Water purification pack	604/406	210/323.1; 210/651;
4	<input type="checkbox"/>	<input type="checkbox"/>	US 6682656 B2	20040127	10	Biological fluid treatment system and method	210/767	210/435; 210/488;
5	<input type="checkbox"/>	<input type="checkbox"/>	US 6669905 B1	20031230	17	Systems and methods for collecting plasma that is free or virtually free of	422/44	210/323.1; 210/348;
6	<input type="checkbox"/>	<input type="checkbox"/>	US 6605223 B2	20030812	26	Blood component preparation (BCP) device and method of use thereof	210/745	210/143; 210/232;
7	<input type="checkbox"/>	<input type="checkbox"/>	US 6589224 B2	20030708	5	Method of introducing fluids into a patient's body	604/506	604/126; 604/406;
8	<input type="checkbox"/>	<input type="checkbox"/>	US 6558341 B1	20030506	12	Continuous autotransfusion filtration system	604/6.09	210/323.1; 210/348;
9	<input type="checkbox"/>	<input type="checkbox"/>	US 6544727 B1	20030408	146	Methods and devices for the removal of psoralens from blood products	435/2	424/529; 424/530;
10	<input type="checkbox"/>	<input type="checkbox"/>	US 6491678 B1	20021210	9	Freezer bag	604/410	206/828; 604/406;
11	<input type="checkbox"/>	<input type="checkbox"/>	US 6328789 B1	20011211	11	Apparatus for filtering and degassing	96/179	210/188; 604/151;

Day : Wednesday

Date: 9/8/2004

Time: 13:58:32

PALM INTRANET

Inventor Information for 10/777088

Inventor Name	City	State/Country
COHEE, DONALD R.	FELTON	DELAWARE
PRASAD, AJAY K.	NEWARK	DELAWARE

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Day : Wednesday

Date: 9/8/2004

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**PALM INTRANET****Inventor Name Search Result**

Your Search was:

Last Name = PRASSAD

First Name = AJAY

Application#	Patent#	Status	Date Filed	Title	Inventor Name 0
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Inventor Search Completed: No Records to Display.

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Last Name	First Name	
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☐ 1. Document ID: US 5061241 A

L2: Entry 1 of 2

File: USPT

Oct 29, 1991

US-PAT-NO: 5061241

DOCUMENT-IDENTIFIER: US 5061241 A

TITLE: Rapid infusion device

DATE-ISSUED: October 29, 1991

INVENTOR-INFORMATION:

NAME	CITY	STATE	ZIP CODE	COUNTRY
Stephens, Jr.; Harry W.	Allentown	PA	18103	
Manley; Norman J.	Allentown	PA	18105	
Montesano; Ralph M.	Macungie	PA	18062	

US-CL-CURRENT: 604/114; 137/539, 604/118, 604/122, 604/406

Full	Title	Citation	Front	Review	Classification	Date	Reference			Claims	KWC	Draw D
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☐ 2. Document ID: US 3765536 A

L2: Entry 2 of 2

File: USPT

Oct 16, 1973

US-PAT-NO: 3765536

DOCUMENT-IDENTIFIER: US 3765536 A

TITLE: BLOOD FILTER CASCADE

DATE-ISSUED: October 16, 1973

INVENTOR-INFORMATION:

NAME	CITY	STATE	ZIP CODE	COUNTRY
Rosenberg; David J.	Glen Cove	NY		

US-CL-CURRENT: 210/446; 114/144R, 210/449, 210/505, 210/507, 604/252, 604/406

Full	Title	Citation	Front	Review	Classification	Date	Reference			Claims	KWC	Draw D
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L6: Entry 1 of 10

File: USPT

Nov 27, 2001

DOCUMENT-IDENTIFIER: US 6322804 B1

TITLE: Implantable biocompatible immunoisulatory vehicle for the delivery of selected therapeutic products

Drawing Description Text (3):

FIG. 2 is a graphic representation of the results of a perfusion test of the functionality of immunoisolated versus unprotected islets maintained in vitro for four weeks.

Drawing Description Text (6):

FIG. 3 is a graphic representation showing the total amount of insulin released, and the amounts released during the first and second phase responses in the perfusion test also shown in FIG. 2.

Drawing Description Text (10):

FIG. 5 is a graphic representation of insulin release in a perfusion experiment using an immunoisulatory vehicle containing rat islets, of the configuration described in Example 5, recovered after a period of residence in vivo and challenged with glucose, with and without theophylline stimulation.

Detailed Description Text (137):

An alginate thin film made from a solution of 1.0% w/v sodium alginate in H.sub.2O was cross-linked for 6 minutes using either (1) a 1.0% (w/v) or (2) a 2.0% (w/v) aqueous CaCl.sub.2 solution. The sheet was made by placing a film of liquid on a glass plate using a draw down blade with a 0.2 mm clearance, then immersing in the aqueous CaCl.sub.2 solution. A disk was cut from the film using a 47 mm cutting die. The disk was placed in an Amicon stirred filtration cell and used to filter solutions of several marker solutes under a pressure of 10 psi. The concentration of the marker solute was measured in the retentate (C.sub.r = average of initial and final retentate concentration) and similarly in the bulked permeate (C.sub.p). The rejection coefficient of each hydrogel was calculated as follows:

Detailed Description Text (159):

Using propidium iodide, the immunoisolated islet cells were found to be 95% viable after this incubation period in vitro. They were shown to remain functional as well. When tested by perfusion with glucose (Dionne, supra) immunoisolated islets were shown to have an insulin secretory response similar both in magnitude and pattern to that of unprotected islets incubated in vitro for a similar period of time and under similar conditions. Insulin release was measured by the method of Soeldner, J. S. et al. Diabetes, 14, p. 771 (1965). The results of a typical perfusion experiment are shown in FIGS. 2A and 2B. The challenge and baseline concentrations of glucose used were 300 mg % and 100 mg %, respectively. No significant delay in either the onset of the first phase of insulin release following glucose stimulation or return to baseline secretion was observed with immunoisolated islets. In addition, a rising second phase comparable to that of unprotected islets was seen. Expressed on a per-islet basis, the total amounts of insulin released by immunoisolated islets were similar to that for unprotected islets. These results are summarized in FIGS. 3A and 3B.

Detailed Description Text (162):

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Rat islets were immunoisolated in either matrix or liquid core thermoplastic vehicles as described in Example 6. Vehicle dimensions were 800 μm O.D., 55 μm wall thickness, 2 cm fiber length. Just under 20% loading density was used. In the case of liquid core capsules, alginate was not included in the cell suspension. In the first experiment, islets were immunoisolated within a matrix. Vehicles were implanted intraperitoneally into streptozotocin-induced diabetic mice for a concordant xenograft (i.e., between closely-related species). Free-floating implants were inserted into the peritoneal cavity. Eight animals were implanted with 500-1000 immunoisolated rat islets each. One animal showed no amelioration of hyperglycemia. The others returned to a normoglycemic state (i.e., the plasma glucose levels of these animals returned to a normal range defined as 100-125 mg %) within five days posttransplantation and remained normoglycemic until day 60 when the grafts were removed and the animals again became hyperglycemic. The average results of 7 such experiments are summarized in FIG. 4. The absence of significant fluctuations in plasma glucose levels in these animals should be noted. The recovered immunoisulatory vehicles were inspected for evidence of fibrotic overgrowth, and were assessed for the ability to release insulin in response to glucose perfusion. None of the vehicles had become completely encapsulated with fibroblasts, however in some areas three to five layers of fibroblasts around the exterior of the vehicle were observed. Recovered immunoisulatory vehicles released insulin in vitro following perfusion in response to glucose and theophylline stimulation and histological analysis revealed viable islets with evidence of insulin staining within the cells. The results of the perfusion experiment with glucose and theophylline stimulation are shown in FIG. 5.

Detailed Description Text (218):

After two weeks, the animals were sacrificed, fixed by transcardial perfusion with cold heparinized physiologic saline and 4% paraformaldehyde in phosphate buffer. The brains were immediately dissected and postfixed overnight, followed by immersion in 15% and 25% buffered sucrose solutions. Frozen sections were acut at 25 μm from anterior to posterior on a cryostat, and all coronal sections were collected onto slides or into phosphate buffer. Representative coronal sections were processed for immunocytochemistry using a monoclonal antibody to rat ChAT (2.5 $\mu\text{g/ml}$) with the biotin-avidin-DAB method. Sections were mounted and neuronal cell bodies counterstained with cresyl violet. All ChAT-positive cell bodies were counted in the medial septum and vertical diagonal band region ipsilateral and contralateral to the lesion, between the genu of the corpus callosum and the decussation of the anterior commissure. A significant prevention of ChAT(+) cell reduction was observed in rats receiving R208N.8 capsules.

Detailed Description Text (221):

Immunoisulatory vehicles were prepared by hand loading 350,000 hybridoma cells producing an antibody (iostype immunoglobulin G), specific for tumor necrosis factor (TNF) into a 7 mm length of a medical grade, olefinic microporous hollow fiber of the kind used for plasmapheresis (Plasmaphan; Enka). The internal diameter of the fiber was 300 microns; its MWCO was about 1,000 kD. The ends of the vehicle were sealed as described in copending U.S. Ser. No. 07/461,999. The vehicle was implanted under the renal capsule of a mouse, where it was allowed to reside for 14 days. The vehicle was thereafter recovered and found to contain many cells, over 50% of which were viable as determined by the exclusion of indicator dye (pI). The release of TNF-specific antibody into the serum of the recipient mouse was monitored by ELISA. The results are summarized below:

Detailed Description Text (238):

Casting solution was prepared using a monoacrylic copolymer with an average molecular weight of 10^{sup.5} daltons which was dissolved in a water-soluble, organic solvent. The casting solution was 10.0% w/w polymer in the organic solvent. The polymer was precipitated once under sterile conditions prior to its use to remove any residual monomers, oligomers, or any additives placed in the bulk polymer by the manufacturer. This polymer solution was then dried and redissolved

in 100% DMSO to form a 10% w/w polymer solution. This solution was passed through a 0.2 μ m sterile nylon filter and collected under aseptic conditions.

Detailed Description Text (268):

In order to make implantable capsules, lengths of fiber were first cut into 5 cm long segments and the distal extremity of each segment was sealed with an acrylic glue. Encapsulation hub assemblies were prepared by providing lengths of the membrane described above, sealing one end of the fiber with a single drop of LCM 24 (Light curable acrylate glue, available from ICI), and curing the glue with blue light, and repeating the step with a second drop. The opposite end was previously attached to a frangible necked hub assembly, having a silicone septum through which the cell solution may be introduced. The fiber was glued to the hub assembly by applying LCM 22 to the outer diameter of the hub assembly, and pulling the fiber up over it, and curing with blue light. The hub/fiber assemblies were placed in sterilization bags and were ETO sterilized.

Detailed Description Text (274):

The cell-loaded and fully assembled device was delivered into the operating room in a sterile container, bathed in PC-1 medium. The device was prepared for insertion by mounting the tether on a stainless steel pusher which served to stiffen the very flexible tether and allowed the capsule to be manipulated within the lumen of the cannula. The membrane portion of the device was then introduced into the cannula, handling the device by the silicone tether and the handle of the pusher. The device was advanced until the membrane portion lay entirely within the CSF containing subarachnoid space. The cannula was then removed while the device was maintained in position using the pusher. Finally, the pusher was removed and the silicone tether anchored at its free end by a non-absorbable suture and completely covered with a 2 layer closure of skin and subcutaneous tissue.

Detailed Description Text (340):

Asymmetric hollow fibers were cast from solutions of 12.5-13.5% poly (acrylonitrile vinyl chloride, PAN-PVC) copolymer in dimethyl sulfoxide (W/W). The fabrication process utilized a dry-wet (jet) spinning technique according to Cabasso, Hollow Fiber Membranes, vol. 12, Kirk-Othmer Encyclopedia of Chemical Technology, Wiley, New York, 3rd Ed., pp. 492-517 (1980). Single cell suspensions of BHK cells were prepared using calcium- and magnesium-free Hanks' balanced salts (HBSS) and trypsin/EDTA. Encapsulation devices were manufactured by mounting a 1-1.1 cm length of dry hollow fiber onto hub with a septal fixture at the proximal end which has loading access for cells to be injected into the lumen of the device. Cells were loaded into the prefabricated capsules as follows: BHK control cells and BHK/hNGF cells were loaded at a density of approximately 10×10^6 cells/ml. The BHK cell suspensions, at a density of 2×10^6 cells/ml, were mixed 1:1 with physiologic Vitrogen.RTM. (Celtrix, Palo Alto, Calif.), and infused into the capsules through the septal access port. After infusing 2.25μ l of the cellular suspension, the septum was cracked off and the access port was sealed using a light-cured acrylate (Luxtrak.TM. LCM 24, ICI Resins US, Wilmington, Mass.). The capsules were subsequently "tethered" by placing a 1.5 cm 0.020" silastic tube over the acrylic hub. The cell-loaded devices were transferred into sterile 5 ml polypropylene snap cap tubes containing 4.5 ml of PC-1 medium. The 5 ml snap cap tube was then placed inside a sterile 50 ml conical centrifuge tube and sealed for transport.

Detailed Description Text (365):

Prior to implantation and following retrieval (immediately prior to perfusion), the encapsulated BHK cells were incubated and the conditioned medium was assayed for hNGF by ELISA. Prior to implantation, the encapsulated BHK/hNGF cells were releasing 34.13 ± 6.9 ng NGF/capsule/24 hr while BHK/CONTROL cells showed hNGF levels no different than measured in control medium (0.06 ng NGF/capsule/24 hr). The BHK cell-loaded capsules were easily retrieved with little or no host tissue adhering to the capsule wall. Post explant values of hNGF from capsules averaged

16.03 (±.6.0) ng hNGF/capsule/24 hr and was not detected in conditioned medium from BHK/CONTROL capsules.

Detailed Description Text (367):

The cell-loaded devices were easily retrieved and induced minimal damage to the host tissue. Placement of the capsules was within the lateral ventricle in all cases. Analysis of sections throughout the implant site revealed that the devices abutted the cortex and extended through the corpus callosum to the ventral aspect of the lateral ventricle. The capsules typically extended into the host striatum and in some cases medially into the lateral septum.

Detailed Description Text (381):

Unilateral transections of the left fornix were performed using an open microsurgical approach developed by Kordower and Fiandaca (1990). After securing the animals in a Kopf stereotoxic headframe, a midline incision was made in the scalp and the skin retracted laterally. The medial attachment of the temporalis muscle was mobilized and a surgical drill used to create a parasagittal bone flap (size=1.5 cm.times.4.0 cm) which exposed the frontal superior sagittal sinus. The dura was retracted and a self-retaining retractor used to expose the interhemispheric fissure. The parasagittal bridging veins were coagulated where needed to facilitate retraction of the cerebral hemisphere. With the aid of a surgical microscope, arachnoid adhesions were divided. When necessary, veins overlying the corpus callosum were coagulated. The corpus callosum was longitudinally incised exposing medial subcortical structures from the septum and head of the caudate rostrally through the foramen of Monro caudally. At the level of the foramen of Monro, the fornix is easily visualized as a discrete 2-3 mm wide white fiber bundle. The fornix was initially transected using a ball dissector then the cut ends of the fornix were suctioned to ensure completeness of the lesion.

Detailed Description Text (382):

Following the transection of the fornix, individual BHK cell-containing capsules were manually placed within the lateral ventricle with fine forceps between the head of the caudate and the septal nucleus. A total of 5 capsules were implanted in each animal oriented in a row in the rostrocaudal direction. The capsules abutted the caudate and septum, remained upright, and did not require to be secured further. Four animals received BHK/hNGF capsules, three received BHK control cell-loaded capsules and one monkey received a fornix transection but no transplant. With hemostasis achieved, the dura was reapproximated, the bone flap was sutured back in place and the galea and skin was sutured using routine methods. All animals received antibiotics (Cefotaxime, 50 mg/kg, IM) for 4 days postoperatively.

Detailed Description Text (387):

For quantification of cholinergic cell loss, the number of ChAT and NGFr-positive neurons were manually counted within the medial septum (MS) and vertical limb of the diagonal band (VLDB) at a total magnification of 10.times.. ChAT-positive neurons on the midline were excluded from this analysis. Representative sections (4 per brain) located approximately 200 .mu.M from each animal were used for this analysis. For statistical analysis, the numbers of neurons ipsilateral to the lesion were expressed as percentages of neurons contralateral to the lesion. Student's t test was used to determine differences between the BHK-control and BHK-hNGF groups.

Detailed Description Text (389):

Conditioned media (CM) from encapsulated BHK-control and BHK-hNGF cells was passed thru a 0.2 .mu.m filter and added to PC12A cells grown on standard tissue culture 6 or 24 well plates at a concentration of 200,000 cells/ml to test for the presence of hNGF in the CM. All medium conditioning and neurite outgrowth assays were performed in 5% CO2 and at 37.degree. C. As a positive control, 2.5 S mouse NGF was added to some of the wells to induce neuritic extensions (50 ng/ml). The PC12A cells were scored for neurite processes that were .gtoreq.3 times the length of the

cell body diameter after a period of 1-4 days. In addition, the rate of neurite induction, and the stability of the neurites was observed and a comparison was made between the culture conditions.

Detailed Description Text (394):

The BHK-hNGF cell-loaded devices were left in situ in 1 of the BHK-control animals for fixation to demonstrate placement of the devices and observe the host tissue response. All capsules were placed within the lateral ventricle and abutted both the head of the caudate and the lateral septum. The host response to these capsules was excellent, with little evidence of immune cells surrounding the capsules. A proliferation of small to moderate sized blood vessels and a mild gliotic response was observed around the capsules particularly at the interface between adjacent capsules.

Detailed Description Text (398):

Similarly, ChAT-immunoreactive neurons in NGF-treated animals were decreased only 20% in the MS and 7% in the VLDB. Cholinergic neurons in the NGF-treated animals were generally larger and appeared to be more intensely labeled than those in the BHK-control animals. Sections through the septum of the NGF-treated animals revealed a dense sprouting of cholinergic fibers within the septum in both the ChAT and NGFr preparations. These fibers ramified against the ependymal lining of the ventricle adjacent to the transplant site and were particularly prominent within the dorsolateral quadrant of the septum corresponding to the normal course of the fornix. This sprouting of cholinergic fibers was not observed in animals receiving BHK-control implants. Despite the prevention of the loss of cholinergic neurons and induction of sprouting of these same neurons, hNGF was not detectable (limit of detection equals 25 pg) within CSF taken from either lumbar and cisterna magna taps.

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☐ 1. Document ID: US 5336180 A

L10: Entry 1 of 2

File: USPT

Aug 9, 1994

US-PAT-NO: 5336180

DOCUMENT-IDENTIFIER: US 5336180 A

TITLE: Closed drug delivery system

DATE-ISSUED: August 9, 1994

INVENTOR-INFORMATION:

NAME	CITY	STATE	ZIP CODE	COUNTRY
Kriesel; Marshall S.	Saint Paul	MN		
Thompson; Thomas N.	Richfield	MN		

US-CL-CURRENT: 604/82; 604/131, 604/415, 604/416, 604/84, 604/85, 604/86, 604/88

Full	Title	Citation	Front	Review	Classification	Date	Reference			Claims	KMIC	Draw D
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☐ 2. Document ID: US 5328464 A

L10: Entry 2 of 2

File: USPT

Jul 12, 1994

US-PAT-NO: 5328464

DOCUMENT-IDENTIFIER: US 5328464 A

TITLE: Closed drug delivery system

DATE-ISSUED: July 12, 1994

INVENTOR-INFORMATION:

NAME	CITY	STATE	ZIP CODE	COUNTRY
Kriesel; Marshall S.	Saint Paul	MN		
Thompson; Thomas	Richfield	MN		

US-CL-CURRENT: 604/83; 128/DIG.12, 604/122, 604/132, 604/247, 604/248, 604/406, 604/414, 604/415, 604/416, 604/84, 604/85, 604/88, 604/89, 604/890.1

Full	Title	Citation	Front	Review	Classification	Date	Reference			Claims	KMIC	Draw D
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